Medical advisory machinery

Government announces arrangements at district level

The Royal Commission on the NHS recommended that the health departments should consider with the professions the best way of simplifying the present professional advisory machinery. The Government accepted the recommendation, and the results of a review by a working group on medical advisory machinery at district level were published in the *BMJ* on 17 January 1981 (p 239). The Secretary of State has accepted the review as a sound starting point for discussions between the health authorities and the profession in the development of advisory machinery. He has issued a circular on arrangements at district level—*Health Service Development: Professional Advisory Machinery* (HC(82)1).

Authorities have been asked to bear in mind that it is not a legal requirement to set up professional advisory committees. The working group on medical advisory machinery concluded that statutory committees were not essential and that there might be simpler, more effective ways of seeking and giving medical advice. Any local experiments which are generally acceptable to the profession would be welcomed. If a formal committee conforming to the criteria for recognition was not to be established the authority should satisfy itself that alternative arrangements were adequate to enable professional views to be heard. Whatever arrangements were adopted they should be reviewed within three years by the relevant authority. Authorities and the professions have been asked to consider carefully how administrative and other costs could be limited "to the minimum consistent with the establishment of effective advisory machinery."

The circular deals with the method of election of the consultant and general practitioner members of district management teams (DMTs). The working group recommended that they should be elected by a body including all the senior hospital medical staff and by GPs respectively. The Secretary of State has accepted this as policy even where it is decided locally to establish a district medical committee (DMC). So the consultant and GP members of the DMT will now represent their hospital and GP colleagues respectively rather than the DMC as a whole. Their contribution is complementary to the chief officer role of the district medical officer, through whom the community medicine and community health advice will be channelled.

The working group concluded that a DMC was not inevitably needed as its functions could be performed in other ways. There is, however, considerable support for its continuation and it will be for each district health authority and the medical profession to consider whether to set up a DMC. Whether or not there is a DMC the circular states that it is important to achieve satisfactory liaison between the three main branches of the profession and any such arrangements would need to include doctors in training as well as those in the career grades.

The removal of the area tier will, the circular states, simplify the task facing doctors in district management though there may be some difficulty where the local medical committee does not correspond to a single health district. In such cases local arrangements should be made to ensure that any administrative and communications problems are minimised.

The report on arrangements for medical advisory machinery has only recently been issued for consultation (2 January, p 64) and a circular will be issued later.

HC(82)1 also deals with advisory machinery at district level for dentists, nurses and midwives, pharmacists, and opticians.

Authorities have been asked to provide supporting secretarial services and rooms for meetings to enable advisory machinery, howsoever constituted, to function properly.

Management costs in the NHS

The Government made it clear in the circular *Health Services Development: Structure and Management* (HC(80)8) that after NHS reorganisation had been implemented from 1 April 1982 the proportion of NHS resources spent on management nationally at 31 March 1980 should be reduced by 10% by 31 March 1985. In 1979-80 the proportion was 5·14%. The provisional objective is that by the end of 1984-5 each region's management costs should be no greater than 4·62% of regional resources.

Region	Total management costs in 1979-80 (£m)	Total resources 1979-80 (£m)	Management proportion 1979-80 (%)	Percentage reduction in column 3 to achieve new objective (4·62%) by end of 1984-5 (%)
Northern	20·390	397·989	5·12	9·77
Yorkshire	22·486	450·372	4·99	7·41
Trent	26·635	541·669	4·92	6·10
East Anglian	11·995	232·723	5·15	10·29
North-west Thames	28·321	524·965	5·39	14·29
North-east Thames	30·456	561·027	5·43	14·92
South-east Thames	28·493	539·599	5·28	12·50
South-west Thames	23·484	416·590	5·64	18·09
Wessex	16·059	325·782	4·93	6·29
Oxford	13·525	263·975	5·12	9·77
South Western	20·069	394·491	5·09	9·23
West Midlands	31·805	625·909	5·08	9·06
Mersey	16·189	339·571	4·77	3·14
North Western	26·983	556·256	4·85	4·74
England	316·890	6170·918	5·14	10·00

Clinical complaints procedure

In circular WHC(81)13 the Welsh Office has set out a memorandum of guidance on which health authorities should base their arrangements for dealing with suggestions and complaints other than those relating to family practitioner services. The memorandum incorporates a procedure agreed with the Joint Consultants Committee in 1980 for handling complaints on the exercise of clinical judgment by hospital staff (22 November 1980, p 1438). In Scotland the procedure is set out in NHS circular (GEN)43. The DHSS circular was issued in April 1981 (HC(81)5).

In brief . . .

Self-employed and the EEC

It was agreed recently at a meeting of the Council of Social Affairs Ministers in Brussels that self-employed people and their families from Britain who fall ill in European Community countries will receive medical treatment on the same basis as employed workers. There are an estimated 1·8m self-employed people in the UK and the change will come into effect on 1 July 1982.

Exemption certificates

The NHS (Charges for Drugs and Appliances) Regulations have been amended to allow all women who have a stillbirth or whose child dies within the first year of life to claim exemption from prescription charges.

Hospital accommodation for elderly people

The DHSS has published the first of a new series of Health Building Notes (*Hospital Accommodation for Elderly People*, HMSO, £3·75). The emphasis is on accommodation and facilities for the diagnosis, treatment, and care of elderly patients to minimise the need for in-patient care and to help those who have to be admitted to hospital to return to the community if possible. Health Building Notes provide detailed planning and design guidance for those concerned with the provision and design of health buildings and set out standards of accommodation and services that the DHSS recommends for use in the NHS.

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